

New Jersey Turnpike Authority  
**LOCAL 194 GRIEVANCE**

Date: \_\_\_\_\_

Name of Aggrieved Employee: \_\_\_\_\_

Dept.: \_\_\_\_\_

Job Title: \_\_\_\_\_

Shift: \_\_\_\_\_

Work Location: \_\_\_\_\_

Supervisor Involved: \_\_\_\_\_

**STEP ONE**

Grievance shall be presented to Supervisor no more than five (5) days after occurrence. The employee/union and the Authority shall discuss the issue(s).

The grievance was discussed with Supervisor \_\_\_\_\_ on \_\_\_\_\_.

**STEP TWO**

*(To be filed within 15 days of occurrence of grievance.)*

**A. Statement of Grievance:** \_\_\_\_\_

Cite contract article(s) involved: \_\_\_\_\_

Remedy or Relief sought: \_\_\_\_\_

\_\_\_\_\_  
*Signature of Shop Steward*

\_\_\_\_\_  
*Signature of Employee*

\_\_\_\_\_  
*Date Filed*

**FORWARD TO HUMAN RESOURCES FOR SUPERVISOR'S RESPONSE**

*(Response within 5 days after delivery to Human Resources.)*

**B. Supervisor's Response to Grievance:** \_\_\_\_\_

\_\_\_\_\_  
*Date of Response*

\_\_\_\_\_  
*Name of Supervisor*

\_\_\_\_\_  
*Signature of Supervisor*

**STEP THREE**

**Grievance Appeal Received:** \_\_\_\_\_

**Decision of the Labor Relations Committee**

*(To be rendered within 15 working days of Receipt of Grievance.)*

\_\_\_\_\_  
*Date of Decision:*

\_\_\_\_\_  
*Labor Relations Committee:*

**Distribution by grievant:** Labor Relations Committee, Supervisor Involved, Department Head, Union

**APPEAL TO ARBITRATION FILED:** \_\_\_\_\_